

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109293

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: A & R FLOOR INSTALLATION, LLC

**Current Principal Place of Business:**

10 W GOLDEN ST  
BEVERLY HILLS, FL 34465 US

**New Principal Place of Business:**

**Current Mailing Address:**

A & R FLOOR INSTALLATION LLC  
10 W GOLDEN ST  
BEVERLY HILLS, FL 34465 US

**New Mailing Address:**

10 W GOLDEN ST  
BEVERLY HILLS, FL 34465 US

FEI Number: 26-3776526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WHITE, ALAN C  
10 W GOLDEN ST  
BEVERLY HILLS, FL 34465 US

**Name and Address of New Registered Agent:**

WHITE, ALAN C MGRM  
10 W GOLDEN ST  
BEVERLY HILLS, FL 34465 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALAN C WHITE

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHITE, ALAN C  
Address: 10 W GOLDEN ST  
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: MGRM ( ) Delete  
Name: WOLENSKY, RANDY  
Address: 10 W GOLDEN ST  
City-St-Zip: BEVERLY HILLS, FL 34465 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALAN C WHITE

MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date